

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)Website: <http://www.honolulu.gov/ethics/>

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HONOLULU  
ETHICS COMMISSION  
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J 2-10-20

20 JAN 31 P2:56

**2020 REGISTRATION**Lobbyist Registration  
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Toyofuku, Robert

LOBBYIST FIRM/EMPLOYER (if applicable)

BT Consulting, Inc. dba Advocates

TELEPHONE

808-524-4155

MAILING ADDRESS (No. and Street or P.O. Box)

1000 Bishop Street, Suite 808

FAX

EMAIL [toyofuku@hiadvocates.com](mailto:toyofuku@hiadvocates.com)

(City)

Honolulu

(State)

HI

(Zip Code)

96813

**PART II.A ORGANIZATION**

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

AOAO Diamond Head Beach Hotel

TELEPHONE

MAILING ADDRESS (No. and Street or P.O. Box)

2947 Kalakaua Ave., Front Lobby Desk

FAX

EMAIL [yee900@yahoo.com](mailto:yee900@yahoo.com)

(City)

Honolulu

(State)

HI

(Zip Code)

96815

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

Association is comprised of apartment owners.

☐ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

Association Board makes policy decisions.

☐ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

**PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY**☒ Business & Economic Development☐ Community Services☐ Customer Services☐ Culture & Arts☒ Housing☐ Public Works, Infrastructure & Sustainability☐ Parks & Recreation☐ Public Health, Safety & Welfare☐ Tourism☐ Transportation☒ Zoning & Planning☐ Specific Legislation:☐ Additional Sheet(s) Attached

Bill No. \_\_\_\_\_ (Year) \_\_\_\_\_

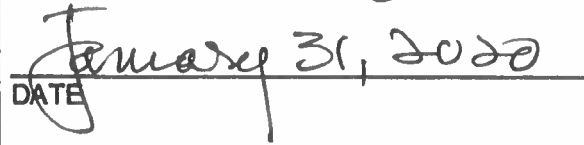
Reso No. \_\_\_\_\_

Admin. Rule No. \_\_\_\_\_

Dept. \_\_\_\_\_

☐ Other (indicate below):**PART IV LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.

  
LOBBYIST SIGNATURE  
DATE

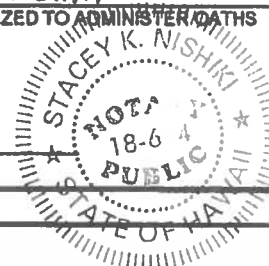
Subscribed and sworn to before me

This 31<sup>st</sup> day of JANUARY, 2020

By:

  
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

11/25/22**PART V AUTHORIZATION TO LOBBY**

NAME

Peter Yee

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President

NAME OF ORGANIZATION (if applicable)

AOAO Diamond Head Beach Hotel

TELEPHONE

808-670-1700

MAILING ADDRESS (No. and Street or P.O. Box)

2947 Kalakaua Ave., Front Lobby Desk

FAX

EMAIL

yee900@yahoo.com

(City)

Honolulu

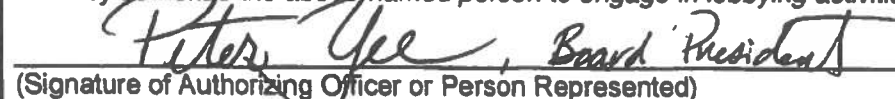
(State)

Hi

(Zip Code)

96815

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.

  
(Signature of Authorizing Officer or Person Represented)Jan 23, 2020  
(Date)

**HAWAII ALL-PURPOSE ACKNOWLEDGMENT**  
**H.R.S 502-41(6)**

State of Hawaii

County of HONOLULU

} ss.

On this 31<sup>st</sup> day of JAN, 2020, in the FIRST Circuit Court, State of Hawaii,  
Day Month Year Name of Circuit

before me personally appeared ROBERT TOYOPUKU (,) (and  
Name of Signer 1

N/A

Name of Signer 2 (if any)

(,) to me personally known or proved

to me on the basis of satisfactory evidence to be the person(s) whose name(s)

is/are subscribed to this instrument, who, being by me duly sworn or affirmed, did say

that such person(s) executed the foregoing instrument identified or described as

2020 REGISTRATION

Type of Document

as the free act and deed of such person(s),

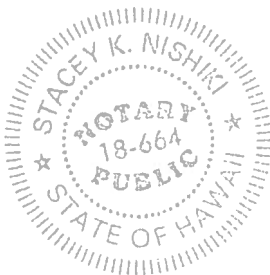
and if applicable, in the capacity shown having been duly authorized to execute such instrument

in such capacity. The foregoing instrument is dated JAN 31 2020 and

Date of Document

contained 2 pages at the time of this acknowledgment/certification.

No. of Pages



STACEY K NISHIKI

Printed Name of Notary Public

Notary Public — STATE OF HAWAII

My commission expires: 11/25/22

[Signature]

Signature of Notary Public

Place Notary Seal or Stamp Above

**HONOLULU ETHICS COMMISSION**

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**2020 REGISTRATION**Lobbyist Registration  
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Toyofuku, Robert

LOBBYIST FIRM/EMPLOYER (If applicable)

BT Consulting, Inc. dba Advocates

TELEPHONE

808-524-4155

MAILING ADDRESS (No. and Street or P.O. Box)

1000 Bishop Street, Suite 808

FAX

EMAIL [toyofuku@hiadvocates.com](mailto:toyofuku@hiadvocates.com)

(City)

Honolulu

(State)

HI

(Zip Code)

96813

**PART II.A ORGANIZATION**

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaiian Humane Society

TELEPHONE

808-356-2242

MAILING ADDRESS (No. and Street or P.O. Box)

2700 Waiialae Avenue

FAX

EMAIL

(City)

Honolulu

(State)

HI

(Zip Code)

96826

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

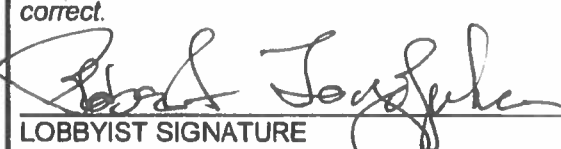
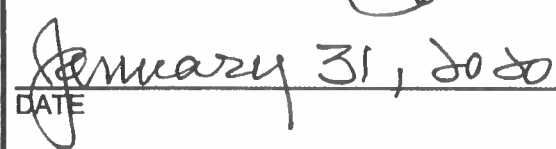

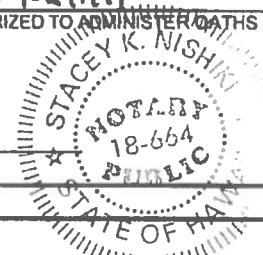
☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE


**PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. 59 (Year) 2019 Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Animal Welfare		

**PART IV LOBBYIST CERTIFICATION**

<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE   DATE	Subscribed and sworn to before me This 31 <sup>st</sup> day of JANUARY, 2020. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 11/25/22 
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**PART V AUTHORIZATION TO LOBBY**

NAME Anna Neubauer		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President and CEO	
NAME OF ORGANIZATION (if applicable) Hawaiian Humane Society		TELEPHONE 808-356-2242	
MAILING ADDRESS (No. and Street or P.O. Box) 2700 Wai'alae Avenue		FAX	
		EMAIL aneubauer@hawaiianhumane.org	
(City) Honolulu	(State) HI	(Zip Code) 96826	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented)  1/24/20 (Date)			

**HAWAII ALL-PURPOSE ACKNOWLEDGMENT**  
**H.R.S 502-41(6)**

State of Hawaii

County of KOHOLOU

} ss.

On this 31<sup>st</sup> day of JAN, 2020, in the 1<sup>st</sup> Circuit Court, State of Hawaii,  
Day Month Year Name of Circuit

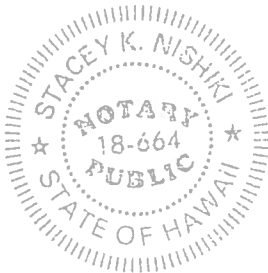
before me personally appeared ROBERT TOYOPUKA (,) (and  
Name of Signer 1

MA (,) to me personally known or proved  
Name of Signer 2 (if any)

to me on the basis of satisfactory evidence to be the person(s) whose name(s)  
is/are subscribed to this instrument, who, being by me duly sworn or affirmed, did say  
that such person(s) executed the foregoing instrument identified or described as  
2020 REGISTRATION as the free act and deed of such person(s),  
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and if applicable, in the capacity shown having been duly authorized to execute such instrument  
in such capacity. The foregoing instrument is dated JAN 31 2020 and  
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contained 2 pages at the time of this acknowledgment/certification.  
No. of Pages



STACEY K NISHIKI

Printed Name of Notary Public

Notary Public — STATE OF HAWAII

My commission expires: 11/27/22

Smyle

Signature of Notary Public

Place Notary Seal or Stamp Above